

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**097890116**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	8					
TOTAL DEP.	29	↓	↓	↓	↓	↓
TOTAL CLAIMS	37	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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	IND.	DEP.	IND.	DEP.	IND.
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98					
99					
100					
TOTAL IND.					
TOTAL DEP.		↓	↓	↓	↓
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS